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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	FERNANDA ARENAS LLC			
30131.C1.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		LUISA ARENAS		
			Name of Person	
		FERNANDA ARENAS LI	LC	
			Firm/Company	
		4871 NW 116TH AVE		
			Address	.
		MIAMI, FL 33178		
		-	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		luisa.arenas00@hotmail.cor		
		E-mail address: (to be used for future annual report	notification)
For further i	nformation c	concerning this matter, please co	all:	
LUISA ARI	ENAS		305 332-787	0
	Name o	f Person		ytime Telephone Number
Enclosed is	a check for t	he following amount:		
■ \$25. 00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Addres	
Registration Section Division of Corporations		<u> </u>	Registration Section Division of Corporations	
	D. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERNANDA ARENAS LLC		
(Name of the Limited Liabil (A Florid	lty Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability Organization for this Liability Organization for the Conference of the Conference organization for this Liability Organization for the Conference organization for the Organization for the Conference organization for the Organization for t	Company were filed on 02/26/2019	and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the lim	nited liability company here:	
ZIELO BY LUISA FERNANDA LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		2020 FAY
(Mailing address MAY BE A POST OFFICE BOX)		2
(Muning duaress MAT DE ATOST OFFICE DOM)		
		PH
B. If amending the registered agent and/or registere	ed office address on our records, enter th	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Negimered Office Paddesis.	Enter Florida street address	
	. Flor	ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			Change
			□Add
			□Remove
			Change

N/A	
-	
-	
	
Effective date	e, if other than the date of filing: (optional)
f an effective da Note: If the da	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
record specif	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2020
	\mathcal{L}_{α}
	Trifo Mouos
	Signature of a member or authorized representative of a member
LU	ISA ARENAS
	Typed or printed name of signee